

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mary Jo Hudson						
Full Name of Contributor Daniel McCarthy					Registration Number, if PAC	
Street Address 4355 Shelbourne Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43220-4243	M 02	D 23	Y 15	Amount \$100.00
Full Name of Contributor Yvette McGee Brown					Registration Number, if PAC	
Street Address 643 Crossing Crk S		Employer/Occupation/Labor Organization* Jories Day Attorney			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43230-6114	M 03	D 18	Y 15	Amount \$250.00
Full Name of Contributor Lana Moresky					Registration Number, if PAC	
Street Address 14312 Shaker Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Shaker Hts	State OH	Zip Code 44120-1609	M 02	D 18	Y 15	Amount \$50.00
Full Name of Contributor Nora Mullen					Registration Number, if PAC	
Street Address 109 W Pacemont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43202-1011	M 03	D 01	Y 15	Amount \$50.00
Full Name of Contributor Nationwide Mutual Insurance PAC					Registration Number, if PAC	
Street Address 1 Nationwide Plz		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215-2226	M 04	D 05	Y 15	Amount \$2,500.00
Full Name of Contributor OAPSE AFSCME Tumaround Ohio PAC LA 1269					Registration Number, if PAC	
Street Address 6805 Oak Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229-1501	M 04	D 01	Y 15	Amount \$2,000.00
Full Name of Contributor Richard Pfeiffer					Registration Number, if PAC	
Street Address 238 E Royal Forest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214-2128	M 03	D 06	Y 15	Amount \$100.00
Full Name of Contributor Neil Rector					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City	State	Zip Code	M 03	D 01	Y 15	Amount \$100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]